

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT/ET

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	43					
TOTAL	47					

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
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95					
96					
97					
98					
99					
100					
TOTAL IND.	122525				
TOTAL DEP.	122525				
TOTAL	499				